

Q: Do I have to complete the Health Risk Assessment (HRA)?

A: Completion of the HRA is highly desirable, but not mandatory. If you are taking your Periodic Health Assessment, then having the results of your HRA to guide the discussion makes the process quicker and easier.

Q: What is the purpose of taking the HRA?

A: The purpose of this HRA is certainly not to give anyone a hard time or even for you to simply get a better score. Rather, the purpose is to heighten awareness about key health issues, identify those specific issues that pertain to the individual, provide Web links to credible health information on each topic, empower individuals to be better able to manage their personal health, and serve as a tool for dialogue with a healthcare provider.

Q: How can I be classified as higher risk just from taking the HRA?

A: The total number of risk factors has been shown to predict future health care use and health care costs. It is important for individuals to move toward the "low risk" category by reducing the number of behavioral risks and for those already at low risk to avoid increasing the number of risk factors over time.

Q: Why does the HRA report classify me as overweight or obese?

A: BMI is a ration of weight to height and is generally accurate for the US population as a whole and is widely used. The Navy and Marine Corps height/weight tables are based on BMI, but the Department of the Navy was allowed to add a couple of extra points over the "healthy" category for their group of younger adults that are at low risk for cardiovascular disease. It's also critical not to take a slight elevation in BMI as meaning you absolutely have a problem. First, BMI can overestimate body fat in muscular individuals. Second, BMI is also just one of several risk factors for cardiovascular and other weight-related diseases, including smoking, high-fat diet, genetics, and sedentary lifestyle. Third, the risk from elevated BMI is linear, which means that a BMI of 27 should be less of a concern than a BMI of 30 or higher. With a self-reported assessment, we're able to gather information to compute a BMI. Unfortunately all approaches to estimating body fat have pros and cons. You can read about other methods of estimating body fat at http://sportsmedicine.about.com/od/fitnessevalandassessment/a/Body_Fat_Comp.htm

Q: How could my physical activity be rated as a risk factor if I successfully pass my PRT?

A: A comprehensive approach for total physical fitness will involve many different activities, including aerobic activity, strength training, stretching, and neuromotor activities.

Q: Why do you need to ask about my sexual health and use of condoms?

A: In 2008, only half of our unmarried active duty male Sailors and Marines used a condom the last time they had sex. Among females, only 1 of 3 reported that a condom was used. Condoms, used correctly and every time, significantly reduce the risk of getting an STI. This HRA question is intended to give people a chance to think about their current STI risk and their STI-prevention practices. In 2011, 90 active duty Sailors and Marines became infected with HIV. From 1985 through 2011, at least 5,800 active duty Sailors and Marines have been infected with HIV, most of whom have been lost to the service. For those who do not separate, there are health care costs and lost duty days. In 2011, over 5000 cases of Chlamydia, gonorrhea or syphilis were diagnosed among active duty sailors and marines. From 2002-2011, over 4500 sailors and marines were diagnosed with Pelvic Inflammatory Disease, most of which are believed to be associated with Chlamydia or gonorrhea infection. From 2004-2009, over 162,000 military members were diagnosed with Human Papillomavirus Virus (HPV), which is associated with 70% of cervical cancers and 90% of genital warts.

Q: Why do you need to ask about family planning?

A: Pregnancy can be a wonderful surprise for some couples and unwelcome news for others. In general, planning the best time for a pregnancy is in the best interest of mom, dad, baby and the Service. This HRA question is intended to give people a chance to think about their family plans and consider their current birth control practices. In a 2010 survey, 2 of 3 (64%) pregnancies among enlisted female Sailors were unplanned. In other words, only 36% were intended. The national Healthy People 2020 objective is to increase the proportion of pregnancies that are intended to at least 56%. In 2005, 35% of surveyed male enlisted Sailors and 18% of female Sailors said "when a birth control method is not available, I believe you just have to take a chance and hope a pregnancy does not occur". Lost duty days for unintended pregnancy health care, post-delivery convalescence and separations due to pregnancy can result, in addition to the possible stressful impact of single parenthood on active duty members, families and Navy and Marine Corps commands.